

**DECLARATION AND POWER OF ATTORNEY FOR
UNITED STATES PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, and

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if more than one name is listed below) of the subject matter which is claimed and for which a United States patent is sought on the invention entitled

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the specification of which:

/ is attached hereto.

/ was filed on _____, as application Serial No. _____ and if this box contains an X /, was amended on _____.

/X was filed as Patent Cooperation Treaty international application No. PCT/US99/19615 on August 26, 1999, if this box contains an X /, was amended on _____ under Patent Cooperation Treaty Article 19 on _____ 19, and if this box contains an X /, was amended on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge my duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim the benefit under Title 35, United States Code, §119 or §365(a)-(b) of any foreign application(s) for patent or inventor's certificate indicated below and of any Patent Cooperation Treaty international applications(s) designating at least one country other than the United States indicated below and have also identified below any foreign application(s) for patent or inventor's certificate and Patent Cooperation Treaty international application(s) designating at least one country other than the United States for the same subject matter and having a filing date before that of the application for said subject matter the priority of which is claimed:

Country	Number	Filing Date	Priority Claimed
			/ / Yes / / No
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I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.

Application	Status (Pending, Abandoned, Patented)
Serial No.	Filed
60/155,194	Sept. 1, 1998
	Expired

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in said prior application(s) in the manner required by the first paragraph of Title 35, United States Code §112, I acknowledge my duty to disclose material information as defined in Title 37 Code of Federal Regulations, §1.56(a) which occurred between the filing date(s) of the prior application(s) and the national or Patent Cooperation Treaty international filing date of this application:

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I hereby appoint the following:

Lucy J. Billings	Reg. No. <u>36,749</u>
Michael C. Cerrone	Reg. No. <u>39,132</u>
Diana Hamlet-Cox	Reg. No. <u>33,302</u>
Richard C. Ekstrom	Reg. No. <u>37,027</u>
Barrie D. Greene	Reg. No. <u>46,740</u>
Matthew R. Kaser	Reg. No. <u>44,817</u>
Lynn E. Murry	Reg. No. <u>42,918</u>
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Stephen Todd	Reg. No. <u>47,139</u>
Christopher Turner	Reg. No. <u>45,167</u>
P. Ben Wang	Reg. No. <u>41,420</u>

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Please address all communications to:

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TEL: 650-855-0555 FAX: 650-845-4166

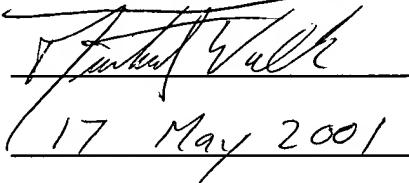
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**Sole Inventor or
First Joint Inventor:**

Full name:

MICHAEL G. WALKER

Signature:



Date:

17 May 2001

Citizenship:

Canadian



Residence:

Sunnyvale, California

P.O. Address:

1050 Borregas Avenue, Unit 80
Sunnyvale, CA 94089

Second Joint Inventor:

Full name:

WAYNE VOLKMUTH

Signature: _____

Date: _____

Citizenship:

United States of America

Residence:

Calabasas, California

P.O. Address:

3620 El Encanto Drive
Calabasas, CA 91302

Third Joint Inventor:

Full name:

TOD M. KLINGLER

Signature: _____

Date: _____

Citizenship:

United States of America

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San Carlos, California

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28 Dover Court
San Carlos, California 94070

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**Sole Inventor or
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Full name: **MICHAEL G. WALKER**

Signature: _____

Date: _____

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Full name:

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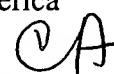
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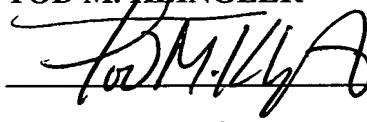
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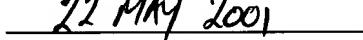
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